

PREPARED BY AND RETURN TO:
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300

BK 0398 PG 0194

STATE MS. - DESOTO CO.
FILED

AUG 22 4 45 PM '01

BK 398 PG 194
W.E. HARRIS, CLERK

ROSIE MAE SAULSBERRY KIMBLE,
SHIRLEY ANN SAULSBERRY, EXCELL T. SAULSBERRY,
BERNICE SAULSBERRY, IVORY LEE SAULSBERRY, JR.
KAREN SAULSBERRY, VONDA SAULSBERRY AND
RICHARD EUGENE SAULSBERRY
GRANTOR(S)

WARRANTY DEED

TO
DON L. DANIEL
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, ROSIE MAE SAULSBERRY KIMBLE, SHIRLEY ANN SAULSBERRY, EXCELL T. SAULSBERRY, BERNICE SAULSBERRY, IVORY LEE SAULSBERRY, JR. KAREN SAULSBERRY, VONDA SAULSBERRY AND RICHARD EUGENE SAULSBERRY do hereby sell, convey, and warrant unto DON L. DANIEL the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

8.97 ACRES, MORE OR LESS LOCATED IN THE SOUTHEAST
QUARTER OF SECTION 31, TOWNSHIP 1 SOUTH, RANGE 7
WEST, DESOTO COUNTY, MISSISSIPPI AND MORE PARTICULARLY
DESCRIBED ON EXHIBIT "A" ATTACHED HERETO.

PARCEL NO. 1079-3100-00017 & 2073-0600-00002

The above property is the same property conveyed to Rosie Mae Saulsberry Kimble, Shirley Ann Saulsberry, a life estate interest and the remainder to Excell T. Saulsberry, Ivory Lee Saulsberry and Richard Eugene Saulsberry by Warranty Deed of record in Book 169, Page 133 in the Chancery Clerk's Office of DeSoto County, Mississippi.

BY WAY OF EXPLANATION: Ivory Lee Saulsberry passed away on or about the 29th day of March, 1994. His surviving heirs are, Bernice Saulsberry, his wife and only surviving children, Ivory Lee Saulsberry, Jr., Karen Saulsberry and Vonda Saulsberry who has joined in the execution of this Warranty Deed.

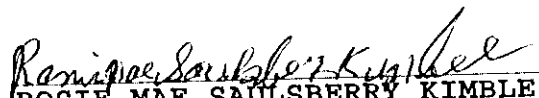
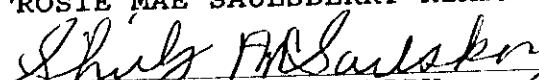
The warranty in this deed is subject to subdivision restrictions, building lines and easements, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Further subject to Ingress and Egress Easement as described in Warranty Deed in Book 169, Page 133. Further subject to Sewer Easement of record in Book 244, Page 775 in the Chancery Clerk's Office of DeSoto County, Mississippi.

Taxes for the year 2001 have been prorated as of this date and are to be paid by the Grantee.

Possession is to be given on delivery of this Warranty Deed.

WITNESS our signature(s), this the 17th day of August, 2001.


ROSIE MAE SAULSBERRY KIMBLE

SHIRLEY ANN SAULSBERRY

EXCELL T. SAULSBERRY
EXCELL T. SAULSBERRY

BERNICE SAULSBERRY
BERNICE SAULSBERRY

IVORY LEE SAULSBERRY, JR.
IVORY LEE SAULSBERRY, JR.

KAREN SAULSBERRY
KAREN SAULSBERRY

VONDA SAULSBERRY
VONDA SAULSBERRY

RICHARD EUGENE SAULSBERRY
RICHARD EUGENE SAULSBERRY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named ROSIE MAE SAULSBERRY KIMBLE, SHIRLEY ANN SAULSBERRY, EXCELL T. SAULSBERRY, BERNICE SAULSBERRY, IVORY LEE SAULSBERRY, JR., KAREN SAULSBERRY, VONDA SAULSBERRY AND RICHARD EUGENE SAULSBERRY who acknowledged that they signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 17th day of August, 2001.

My commission expires: 9.7.03

Notary Public

PROPERTY ADDRESS: VACANT PROPERTY

Grantors Address:

(Rosie Mae Saulsberry Kimble)

3767 Neely Rd.
Memphis, TN 38109
Res# 901-332-5952
Bus# 901-332-5952

(Shirley Ann Saulsberry)

3767 Neely Rd.
Memphis, TN 38109
Res# 901-332-5952
Bus# 901-332-5952

(Excell T. Saulsberry)

455 Rosewood
Memphis, TN 38106
Res# 901-774-5849
Bus# 901-774-5849

(Bernice Saulsberry)

4109 Mossville
Memphis, TN 38109
Res# 901-785-7531
Bus# 901-785-7531

(Ivory Lee Saulsberry, Jr.)

4109 Mossville
Memphis, TN 38109
Res# 901-785-7531
Bus# 901-785-7531

(Karen Saulsberry)

4109 Mossville
Memphis, TN 38109
Res# 901-785-7531
Bus# 901-785-7531

(Vonda Saulsberry)

338 Dixie Mall
Memphis, TN 38105
Res# 901-521-8070
Bus# 901-521-8070

Grantees Address:

578 Knollwood
Southaven, MS 38671
Res# 662-343-4598
Bus# 901-485-3611

(Richard Eugene Saulsberry)

2165 KANSAS
Memphis, TN 38109
Res# 901-332-5952
Bus# 901-332-5952

BK0398PG0196



JONES-DAVIS & ASSOCIATES, INC.
CONSULTING ENGINEERS/LAND SURVEYORS
7059-302 INDUSTRIAL DRIVE, SUITE 2
SOUTHAVEN, MS 38671
(662)349-2624 FAX (662)349-2950

R. M. SAULSBERRY KIMBLE ET.AL.
TO DON DANIELS

BEGINNING AT THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 1 SOUTH, RANGE 7 WEST; THENCE N89°51'41" A DISTANCE OF 666.70 FEET TO THE TRUE POINT OF BEGINNING; THENCE N00°55'46"E A DISTANCE OF 250.02 FEET TO AN IRON PIN; THENCE S89°51'28"W A DISTANCE OF 99.0 FEET TO AN IRON PIN ON THE EAST LINE OF A 30.0 FOOT WIDE INGRESS-EGRESS EASEMENT; THENCE N00°36'27"E ALONG SAID EAST LINE A DISTANCE OF 491.76 FEET TO AN IRON PIN; THENCE CONTINUING ALONG SAID EAST LINE N00°41'19"E A DISTANCE OF 58.71 FEET TO AN IRON PIN; THENCE N89°52'20"E A DISTANCE OF 329.82 FEET TO AN IRON PIN IN THE WEST LINE OF THE CHALMER PROPERTY; THENCE ALONG AN EXISTING FENCE S00°42'17"W A DISTANCE OF 800.41 FEET TO A POINT; THENCE S00°48'23"W A DISTANCE OF 662.40 FEET TO A CONCRETE POST; THENCE N89°32'36"W A DISTANCE OF 230.97 FEET TO A POINT; THENCE N00°48'23"E A DISTANCE OF 660.0 FEET TO THE POINT OF BEGINNING CONTAINING 8.97 ACRES MORE OR LESS, SUBJECT TO RIGHTS OF WAYS OF PUBLIC ROADS AND UTILITIES, ZONING AND SUBDIVISION REGULATIONS IN EFFECT AND EASEMENTS OF RECORD.

file: d:\d-wpdocs\Legal\Saulsberry Kimble to Don Daniels

Exhibit "A"

mlc 7B
571.2

BK0398PG0197

002675

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. PRINT
IN
INMATE
ACK INK
FOR
INSTRUCTIONS
HANDBOOK

DECEDENT

09

CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EX-
CUTING CERTIFICATE
MUST COMPLETE AND
SIGN MEDICAL CERTI-

1. DECEDENT'S NAME (First, Middle, Last) Ivery Lee Saulsberry		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 29, 1994
4. SOCIAL SECURITY NUMBER 427-82-5988	5a. AGE - LAST BIRTHDAY (Years) 52	5b. BIRTH DATE (Month, Day, Year) May 20, 1941	7. BIRTHPLACE (City and State or Foreign Country) Horn Lake Ms.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) HOSPITAL 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Regional Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Bernice Morris Retired	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) I.C. Rail Road		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE - STATE TN.		13b. COUNTY Shelby	
13c. CITY, TOWN OR LOCATION Memphis		13d. STREET AND NUMBER OR RURAL LOCATION 4109 Mossville	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38109	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE - American Indian, Black, White, etc. (Specify) Black	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/secondary (K-12)		17. MOTHER'S NAME (First, Middle, Maiden Surname) UNK	
18. FATHER'S NAME (First, Middle, Last) Ivery Saulsberry		19. RELATIONSHIP TO DECEASED wife	
19a. INFORMANT'S NAME (Type/Print) Bernice Saulsberry		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4109 Mossville, Memphis TN 38109	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Park	
20c. SIGNATURE OF FUNERAL DIRECTOR [Signature]		20d. LICENSE NUMBER OF FUNERAL DIRECTOR 4040	
20e. SIGNATURE OF FUNERAL HOME [Signature]		20f. LICENSE NUMBER OF FUNERAL HOME 3659	
20g. NAME AND ADDRESS OF FUNERAL HOME N.S. FORD AND SONS FUNERAL HOME 18 S. Parkway West, Memphis, TN, 38109		20h. LICENSE NUMBER OF FUNERAL HOME 334	
21. REGISTRAR'S SIGNATURE [Signature]		22. DATE FILED (Month, Day, Year) APR 18 1994	
23. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN [Signature]		24. LICENSE NUMBER 17844	
25. DATE SIGNED (Month, Day, Year) 7 Apr 1994		26. LICENSE NUMBER 17844	
26a. MEDICAL EXAMINER - In the case of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER	
26c. DATE SIGNED (Month, Day, Year)		26d. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Robert Morrison			